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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/847,834
Filing Date	May 2, 2001
First Named Inventor	SEEMAN, Thomas A.
Art Unit	1731
Examiner Name	VINCENT, Sean E.
Attorney Docket Number	43-0024 (NEW)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

3404

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Thomas A. Seeman

Signature

Date

April 22, 2004

Telephone

419-666-3492

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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**REVOCATION OF POWER OF  
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Application Number	09/847,634
Filing Date	May 2, 2001
First Named Inventor	SEEMAN, Thomas A.
Art Unit	1731
Examiner Name	VINCENT, Sean E.
Attorney Docket Number	43-0024 (NEW)

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Peter T. Eagle

Signature

Date April 22, 2004

Telephone 419-688-3492

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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